

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, CA 95814



February 15, 2005

COUNTY FISCAL LETTER (CFL) NO. 04/05-38

TO: COUNTY WELFARE DIRECTORS  
COUNTY FISCAL OFFICERS  
COUNTY AUDITOR CONTROLLERS

SUBJECT: Clarification of the claiming instructions for the Rosales v. Thompson  
Ninth Circuit Court's decision.

REFERENCE: All County Letters (ACLs) 03-43, and 04-12 and All County Information  
Notice (ACIN) I-53-04

The purpose of this letter is to clarify assistance and administrative claiming instructions for the Rosales v. Thompson court decision regarding the eligibility for the federal Aid to Families with Dependant Children (AFDC) – Foster Care (FC) program for children living with relatives.

CDSS has developed electronic claim templates and instructions for the Rosales v. Thompson court decision (See Attachments A through F). Samples of the claims and the instructions were provided to counties as attachments to ACL 04-12, dated September 21, 2004. To better help the counties understand the claiming procedures for these multifaceted claims, this CFL clarifies instructions for inputting the required information and procedures for submitting electronically to CDSS.

**Automated Process for Transmittal of the Rosales v. Thompson claims**

Counties will need to follow the same procedures for accessing these claims as the Assistance Claims Excel Workbook.

- Special claim forms, TEMP CA 800 Rosales (2/05), have been designed for reporting electronically the Rosales assistance and administrative expenditures and certification.
- Counties must submit electronically all public assistance and administrative costs for the Rosales v. Thompson court decision on the TEMP CA 800 Rosales forms.
- These forms are provided in an Excel workbook located on the CDSS Extranet website at <http://www.cdsscounties.ca.gov/AAC/aac.htm> This CFL and ACL No 04-12 are also provided on this website.

**Instructions:**

1. Download the TEMP CA 800 Rosales (2/05) Excel Workbook claim templates to an in-house personal computer (Attachments A, C, and E). Special instructions for this step are provided on the website.
2. Input necessary data onto claims (Attachments A and C). Detailed instructions (Attachments B and D) are attached, and are also available on the Extranet Web Site. Attachment F lists the county expense claim codes affected by the federal/nonfederal discount ratio.
3. All calculations are linked to the tab labeled "Summary Cert Page" (Attachment E). No entries are to be entered on this page of the workbook.
4. Submit the workbook to CDSS' assistance claims central electronic mailbox at [assistance.claims@dss.ca.gov](mailto:assistance.claims@dss.ca.gov).
5. Counties must retain all supporting documentation for audit purposes but are not required to submit this information to CDSS.
6. Two signatures are required on the TEMP CA 800 Rosales CERT Summary by Funding/Certification page (Attachment E): the signatures of the County Welfare Director and the County Auditor or their authorized delegates.
7. A copy of the signed original certification shall be maintained within the County for audit purposes. Submit the original signed TEMP CA 800 Rosales CERT Summary by Funding/Certification page to:

California Department of Social Services  
Financial Services Bureau  
County Assistance Payment Unit  
744 P Street MS 13-72  
Sacramento, California 95814

The certification may instead be faxed to (916) 654-1750, Attention: County Assistance Payment Unit. The original certification shall then be maintained within the County for audit purposes.

**NOTE:** Any changes in format to the workbook, substitutions, or any claims not signed or with unauthorized signatures will not be accepted for processing.

8. All completed Rosales claim forms must be submitted to CDSS no later than **April 30, 2005**. Only one TEMP CA 800 Rosales Excel Workbook shall be submitted for the entire retroactive period (December 23, 1997, through December 31, 2003) for all affected cases (Attachment A, C, and E). There will be no supplemental claims processed for these costs.

9. A signed TEMP CA 800 Rosales CERT Summary by Funding/Certification is required from each county, even if there are no costs to report. The CERT is programmed to reflect zero dollars if no costs are claimed. See #7 for submitting instructions.

If you have any questions, please e-mail them to [assistance.claims@dss.ca.gov](mailto:assistance.claims@dss.ca.gov).

Sincerely,

***Original Document Signed by Douglas D. Park  
on February 15, 2005***

DOUGLAS D. PARK, Chief  
Fiscal Systems and Accounting Branch

Attachments

C: CWDA

[illegible]

**ROSALES V. THOMPSON RETROACTIVE PAYMENTS - ASSISTANCE**  
**December 23, 1997 - December 31, 2003**

[All Rosales claims must be submitted no later than April 30, 2005. Only one claim may be submitted for the entire period].

County Name					County Contact		Telephone No.		Dated Submitted			
					<b>B</b> Rosales vs. Thompson 12/1/01 - 12/31/02				<b>C</b> Rosales vs. Thompson 1/1/03 - 12/31/03			
					Fed IV-E	State	County	Total	Fed IV-E	State	County	Total
1	FFY 2003 (10/1/02-9/30/03) (FMAP Rate 50%)											
2	*Relative Placements							-				-
3	Out-of-Home Placements (Shift from Nonfederal to Federal Foster Care)							-				-
3A	**Funding Adjustment (Shift from Nonfederal to Federal Adoptions) (FMAP Rate 50.00%)											-
4	Total FFY 2003				-	-	-	-	-	-	-	-
5	Persons Count											
1	FFY 2004 (10/1/03-12/31/03) (FMAP Rate 50%)											
2	*Relative Placements											-
3	Out-of-Home Placements (Shift from Nonfederal to Federal Foster Care)											-
3A	**Funding Adjustment (Shift from Nonfederal to Federal Adoptions)											-
4	Total First Quarter of FFY 2004								-	-	-	-
5	Persons Count											
6	TOTALS, ALL FFYs				-	-	-	-	-	-	-	-
7	Total Persons Count, All FFYs							-				-
8	<CalWORKs Offset>								TANF	SGF	County	Total
9	NET TOTALS, ALL FFYs				-	-	-	-	-	-	-	-

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\* For the period prior to March 3, 2003, counties are to report only the incremental difference between the original CalWORKs payment and the higher federal foster care rate. Effective 3/3/03 through 12/31/03, counties must reverse the entire CalWORKs payment and fully fund the federal foster care payment; report the foster care payment in the designated cells; the offsetting CalWORKs payments for all cases must be totaled and entered on the CalWORKs Offset Line.

\*\* Only include Rosales costs for AAP from March 3, 2003 forward.

**INSTRUCTIONS FOR  
TEMP CA 800 ROSALES ASSISTANCE CLAIM FORM  
ROSALES V. THOMPSON RETROACTIVE PAYMENTS  
DECEMBER 23, 1997 – DECEMBER 31, 2003**

**General Information**

1. On the tab labeled “Rosales Retro CL” in the TEMP CA 800 Rosales (2/05) Excel Workbook, enter the county name, the county staff person’s name to be contacted, and their telephone number, should there be any questions regarding the claim.
2. This form is programmed to round all amounts to the nearest dollar; however, the exact value (dollar and cents) of the active cell will be displayed on the formula bar.
3. All of the gray shaded cells on this page of the workbook either have formulas or are not for data entry. **These cells are protected and no data may be entered.**
4. Assistance costs will be reported by Federal Fiscal Year (FFY) using the appropriate Federal Medical Assistance Percentage (FMAP) Rate (Noted on line #1 for each federal fiscal year) and by the time-periods identified: Column A (12/23/97 – 11/30/01), Column B (12/1/01 – 12/31/02), and Column C (1/1/03 – 12/31/03).

**ASSISTANCE COSTS**

**A. Claiming Period: 12/23/97 – 3/2/03**

Line 1: **FFY YY** – Provides the FMAP rate to be used for calculating the appropriate higher federal Foster Care rate. **No entries are to be made on this line.**

Line 2: **Relative Placements** – For cases initially designated as CalWORKs for this time-period, do not re-designate CalWORKs aid codes or reverse previous CalWORKs assistance payments. Instead, calculate the differential payment amount between the CalWORKs payment and the higher Foster Care payment, and pay the difference to the relative provider. Enter the difference for the Federal, State, and County shares under the Fed IV-E, State, and County columns respectively. The calculated difference in the federal share amount will be funded with Title IV-E funds.

Line 3: **Out-of-Home Placements** – For cases initially designated as Non-Federal Out-of-Home Foster Care Placement during this time-period, using a separate worksheet (to be maintained by the county), calculate the difference in the Federal, State, and County shares that would be paid as a Federal Foster Care, Adoption, or EA case, as opposed to the original payment as a Non-Federal Foster Care case. There will be no additional payment to providers since the rates for both federal and non-federal cases are the same. Only the Federal, State, and County shares of costs are adjusted. Enter the difference for the Federal, State, and County shares in the Fed IV-E, State, and County columns respectively. The calculated difference in the federal share amount will be funded with Title IV-E funds.

Line 4: **Total FFY YY** – This line will automatically calculate. **No entries are to be made on this line.**

Line 5: **Persons Count** – Enter the person count for all cases eligible for Relative Placements, Adoption Assistance, and Out-of-Home Placements covered by this time-period.

**B. Claiming Period: 3/3/03 – 12/31/03**

Line 1: **FFY YY** – Provides the FMAP rate to be used for calculating the appropriate higher federal Foster Care rate. **No entries are to be made on this line.**

Line 2: **Relative Placements**– For cases initially designated as CalWORKs for this time-period, re-designate the cases from Aid Code 33 to Aid Code 42. Calculate the total amount of all the original CalWORKs grant payments and refer to Section C, Line 8 of these instructions. Calculate the full federal Foster Care payment amount and enter the full amount on Line 2. Calculate the difference between the full Foster Care and CalWORKs payments and pay the difference to the relative provider.

Line 3: **Out-of-Home Placements** - For cases initially designated as Non-Federal Out-of-Home Foster Care Placement, Non-Federal Foster Care, Adoption Assistance, and/or Emergency Assistance (EA), there will be **no additional payment** to the provider since the rates for both the federal and non-federal cases are the same. Only the Federal, State, and County shares of costs are adjusted.

For these cases, re-designate: Non-Federal Children in Foster Care cases from Aid Code 40 to Aid Code 42, Federal Children in Foster Care; EA Foster Care cases from Aid Code 4K to Aid Code 42 Federal Children in Foster Care; and Non-Federal Adoption Assistance cases from Aid Code 04 to Aid Code 03 Federal Adoption Assistance. Calculate the difference in Federal, State, County shares that would be paid as a federal Foster Care, Adoption, or EA case as opposed to the original payment as a non-federal Foster Care case using a separate worksheet (to be maintained by the county). Enter the difference for the Federal, State, and County shares under the Fed IV-E, State, and County columns respectively. The calculated difference in the federal share amount will be funded with Title IV-E funds.

Line 3A: **Funding Adjustment (Shift from Non-Federal to Federal Adoptions)** – For these cases, re-designate aid code 04 Non-Federal Adoption cases to Aid Code 03 Federal Adoption cases. Calculate the difference in Federal, State, and County shares that would be paid as a Federal Adoption case as opposed to the original payment as a Non-Federal Adoption case using a separate worksheet (to be maintained by the county). Enter the difference for the Federal, State, and County shares under the Fed IV-E, State, and County columns respectively. The calculated difference in the federal share amount will be funded with Title IV-E funds.

**NOTE:** *Only the Adoption Assistance Program Rosales' costs from 3/3/03 to 12/31/03 should be included on this line.*

Line 4: **Total FFY YY** – This line will automatically calculate. **No entries are to be made on this line.**

Line 5: **Persons Count** – Enter the person count for all cases eligible for Relative Placements, Adoption Assistance, and Out-of-Home Placements covered by this time-period.

**C. Totals**

Line 6: **Totals, All FFYs**: This line will automatically calculate. **No entries are to be made on this line.**

Line 7: **Total Persons Count, All FFYs**: This line will automatically calculate. **No entries are to be made on this line.**

Line 8: **<CalWORKs Offset>**: For cases initially designated as CalWORKs and re-designated to Aid Code 42, calculate the total amount of all the original CalWORKs grant payments and enter the full amount by fund source on the <CalWORKs Offset> line. (See Section B, Line 2 above).

Line 9: **Net Totals, All FFYs**: This line will automatically calculate. **No entries are to be made on this line.**

All calculations are linked to the tab labeled “Summary Cert Page”. **No entries are to be entered on this page of the workbook.**

# ROSALES V. THOMPSON RETROACTIVE PAYMENTS - ADMINISTRATIVE COSTS

## December 23, 1997 - December 31, 2003

[All Rosales claims must be submitted no later than April 30, 2005. Only one claim may be submitted for the entire period].

County Name							County Contact		Telephone No.		Date Submitted			
	A						B							
		Ratio Calculation						6	7	Total	50%	70%	30%	Net Paymt
FFY		1	2	3	4	5								
		CEC		Rosales	Revised	Revised								
		Cases	Ratio	Cases	Cases	Ratio		Rate	Expenditures for	Adjustment*	Federal	State	County	to County
1998	Federal Cases		0.00		0	0.00	Revised Fed	0.00		0	0	0	0	
							Revised NonFed	0.00		0	0	0	0	
	Nonfederal Cases		0.00		0	0.00	Original Fed	0.00		0	0	0	0	
							Original NonFed	0.00		0	0	0	0	
	Total	0	0.00	0	0	0.00								
							Incremental Diff.			0	0	0	0	0
1999	Federal Cases		0.00		0	0.00	Revised Fed	0.00		0	0	0	0	
							Revised NonFed	0.00		0	0	0	0	
	Nonfederal Cases		0.00		0	0.00	Original Fed	0.00		0	0	0	0	
							Original NonFed	0.00		0	0	0	0	
	Total	0	0.00	0	0	0.00								
							Incremental Diff.			0	0	0	0	0
2000	Federal Cases		0.00		0	0.00	Revised Fed	0.00		0	0	0	0	
							Revised NonFed	0.00		0	0	0	0	
	Nonfederal Cases		0.00		0	0.00	Original Fed	0.00		0	0	0	0	
							Original NonFed	0.00		0	0	0	0	
	Total	0	0.00	0	0	0.00								
							Incremental Diff.			0	0	0	0	0
2001	Federal Cases		0.00		0	0.00	Revised Fed	0.00		0	0	0	0	
							Revised NonFed	0.00		0	0	0	0	
	Nonfederal Cases		0.00		0	0.00	Original Fed	0.00		0	0	0	0	
							Original NonFed	0.00		0	0	0	0	
	Total	0	0.00	0	0	0.00								
							Incremental Diff.			0	0	0	0	0
2002	Federal Cases		0.00		0	0.00	Revised Fed	0.00		0	0	0	0	
							Revised NonFed	0.00		0	0	0	0	
	Nonfederal Cases		0.00		0	0.00	Original Fed	0.00		0	0	0	0	
							Original NonFed	0.00		0	0	0	0	
	Total	0	0.00	0	0	0.00								
							Incremental Diff.			0	0	0	0	0

# ROSALES V. THOMPSON RETROACTIVE PAYMENTS - ADMINISTRATIVE COSTS

## December 23, 1997 - December 31, 2003

[All Rosales claims must be submitted no later than April 30, 2005. Only one claim may be submitted for the entire period].

County Name							County Contact		Telephone No.		Date Submitted			
A							B							
Ratio Calculation								6	7	Total	50%	70%	30%	Net Paymt
FFY		1	2	3	4	5								
		CEC		Rosales	Revised	Revised								
		Cases	Ratio	Cases	Cases	Ratio		Rate	Expenditures for CEC Codes	Adjust.*	Federal	State	County	to County
2003	Federal Cases		0.00		0	0.00	Revised Fed	0.00		0	0	0	0	
							Revised NonFed	0.00		0	0	0	0	
	Nonfederal Cases		0.00		0	0.00	Original Fed	0.00		0	0	0	0	
							Original NonFed	0.00		0	0	0	0	
	Total	0	0.00	0	0	0.00								
							Incremental Diff.			0	0	0	0	0
Dec	Federal Cases		0.00		0	0.00	Revised Fed	0.00		0	0	0	0	
2004							Revised NonFed	0.00		0	0	0	0	
Qtr	Nonfederal Cases		0.00		0	0.00	Original Fed	0.00		0	0	0	0	
							Original NonFed	0.00		0	0	0	0	
	Total	0	0.00	0	0	0.00								
							Incremental Diff.			0	0	0	0	0
<b>TOTAL CLAIM*</b>										0	0	0	0	0

\*The total claim amount will automatically carry forward to the Summary by Funding page.

**INSTRUCTIONS FOR  
TEMP CA 800 ROSALES ADMINISTRATION COSTS CLAIM FORM  
ROSALES V. THOMPSON RETROACTIVE PAYMENTS  
DECEMBER 23, 1997 – DECEMBER 31, 2003**

**General Information**

1. Submission of administrative costs claim for the time-period December 23, 1997, through December 31, 2003, is at the county's option. If the county chooses to submit this claim form, it is located on the tab labeled "Admin Worksheet" in the TEMP CA 800 Rosales (1/05) Excel Workbook.
2. Costs must be calculated outside of the normal CEC process using TEMP CA 800 Rosales V. Thompson Retroactive Payments Administrative Costs Calculation Worksheet. This form is designed to calculate and compare the audited administrative costs for the codes listed on Attachment F, before and after applying the adjusted federal/nonfederal discount ratios.
3. The county's reimbursement amount will be the net increase in federal funds as offset by corresponding reductions in Federal/State funds.
4. For the administrative cost adjustments, each case paid can be added to the numerator (total Federal Foster Care cases) **only** if cases were previously included in the denominator (total Foster Care cases).
5. All of the gray shaded cells on this page of the workbook either have formulas or are not for data entry. These cells are protected and **no data may be entered**.
6. Counties must retain all supporting documentation for audit purposes.

**Administrative Costs Claim**

The following instructions are to be applied for each Federal Fiscal Year.

**Section A - Columns**

1. CEC Cases: Enter the current number of federal and non-federal cases provided on page 2 of the DFA 325.1, Lines AD and AE.
2. Ratio: This column will automatically calculate. **No entries are to be made in this column.**
3. Rosales Cases: Enter the number of Rosales cases that are being shifted from Nonfederal to Federal Foster Care (Nonfederal Cases should show a negative number, i.e., "-5").
4. Revised Cases: This column will automatically calculate. **No entries are to be made in this column.**
5. Revised Ratio: This column will automatically calculate. **No entries are to be made in this column.**

**Section B - Columns**

6. Rate Column: This column will automatically calculate the original and revised Federal Discount Rate based on the information provided in Section A. **No entries are to be made in this column.**
7. Expenditures CEC Codes Column: Enter the total expenditures on the Row titled "Incremental Difference" in the appropriate FFY for the CEC Codes identified in Attachment F.

**NOTE:** All remaining cells in Section B are calculated automatically. **No entries are to be made** in the remaining cells in this Section.

All calculations are linked to the tab labeled "Summary Cert Page". **No entries are to be entered on this page of the workbook.**

# ROSALES V. THOMPSON RETROACTIVE PAYMENTS

## December 23, 1997 - December 31, 2003

### SUMMARY BY FUNDING/CERTIFICATION

[All Rosales claims must be submitted no later than April 30, 2005. Only one claim may be submitted for the entire period].

1	County Name	County Contact	Telephone No.	Date Submitted	
2					
	Fed Title IV-E	TANF/State	State	County	Total
<b>SUMMARY BY FUNDING</b>					
2	Foster Care	0	0	0	0
3	Adoptions	0	0	0	0
4	<CalWORKs Offset>	0	0	0	0
5	Net Total Assistance - All FFYs	0	0	0	0
6	<b>TOTAL ADMINISTRATIVE COSTS</b>	0	0	0	0
7	<b>GRAND TOTAL ASSISTANCE AND</b>				
8	<b>ADMINISTRATIVE COSTS</b>	0	0	0	0
9	<b>Total Number of Persons</b>				0

#### COUNTY WELFARE DIRECTOR'S CERTIFICATION

I hereby certify, under penalty of perjury, that I am the official responsible for the administration of the public welfare programs in said county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts that the payments, repayments and adjustments reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the California Department of Social Services

Signature of County Welfare Director

Date

#### COUNTY AUDITOR'S CERTIFICATION

I hereby certify, under penalty of perjury, that I am the official responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for the above-referenced public assistance programs made by the county; that said amounts correctly reflect State and County shares in the aid payments claimed and that warrants therefore have been issued, according to law and the rules and regulations of the California Department of Social Services.

Signature of County Auditor

Date

Please submit the original certification page to the following address or fax a copy to (916) 654-1750, Attention: County Assistance Payment Unit (if a fax is submitted, the original certification must be kept on file at the county):

California Department of Social Services  
 Financial Services Bureau  
 County Assistance Payment Unit  
 744 P Street MS 13-72  
 Sacramento, California 95814

**COUNTY EXPENSE CLAIM CODES  
AFFECTED BY FEDERAL/NONFEDERAL DISCOUNT RATIO**

<b>Program Code</b>	<b>Description</b>
007	Relative/Non-Relative Home Approvals
008	SUO Relative/Non-Relative Home Approvals
358	SUO CWS Background Check (Nonfederal)
359	CWS/ Live Scan/CLETS Background Checks
155	Foster Family Home Licensing
156	Foster Family Licensing – Nonfederal
158	Foster Family Licensing – Training
137	Options for Recovery/Foster Parent Training
195	SUO Options for Recovery/Foster Parent Training Nonfederal
523	Options for Recovery/Recruitment
561	SUO Options for Recovery/Recruitment NF
005	Specialized Training for Adoptive Parents
006	STAP Respite Care
578	Extended Voluntary Foster Care Admin (Deleted 9/01)
598	Extended Voluntary Foster Care Evaluation (Deleted 9/01)
595	Extended Voluntary Foster Care Admin Federal (Deleted 9/01)
010	IV-E Waiver Intensive Services Admin
011	SUO IV-E Waiver Intensive Services Admin
012	IV-E Waiver Intensive Services Admin
017	IV-E Waiver Intensive Services Admin Nonfederal
018	Wraparound Admin-Nonfederal
014	IV-E Waiver Family Conferencing
019	IV-E Waiver Family Conferencing Nonfederal
577	Group Home Monthly Visits/CWD
586	Nonfederal Group Home Monthly Visits/CWD
145	CWS-Training
147	CWS Court Related Activities
148	CWS Case Management
154	CWS Case Management Voluntary Foster Care (Deleted 9/01)
170	CWS Emergency Hotline Response
110	Non EA-ER
146	CWS Service/Nonfederal
695	EA Case Management Title IV-E
694	SUO EA Case Management Title IV-E
126	Shasta Childrens Program Consortia
024	Shasta Childrens Program Consortia NF
174	Family Preservation Program (FPP)-Training
177	FPP Case Management Preventive Services
179	FPP Case Management Foster Care
175	FPP Services Nonfederal
504	AB 2129 Foster Parent Training
505	AB 2129 Foster Parent Training Nonfederal
506	AB 2129 Foster Parent Recruitment
507	AB 2129 Foster Parent Recruitment Nonfederal
537	CWS/CMS Conversion Training (Deleted 9/98)
539	CWS/CMS Conversion Training Nonfederal (Deleted 9/98)